

Before the  
Federal Communications Commission  
WASHINGTON, D.C. 20554

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TELEPHONE ROOM

In the Matter of

Elehue Kawika Freemon and  
Lucille Freemon  
Complainants,

DOCKET FILE COPY ORIGINAL

v

CC Docket No. 94-89  
File No. E-90-393

American Telephone and Telegraph Company  
Defendant.

Request for Participation

Under section 1.225 (a), (b),(c) of 47 CFR ch.1, I, Elehue Freemon, husband of Mrs. Lucille K. Freemon, formally request participation in the hearing/appeal in the above said caption.

To the Federal Communication Commission,

1. I have read the Initial Decision of Administrative Law Judge Walter C. Miller (ID) pertaining to this case supporting pleadings, opinions, order(s).
2. I have also read Ms. Evelyn Freemon's Request for Participation of March 13, 1995.
3. I would like the Commission to know that I agree fully with all of the statements my daughter, Ms. Evelyn Freemon, has made in her Request for Participation.
4. I who gave the medical reports to my son Elehue K. Freemon in December of 1994 to deliver to the Judge. This medical report was mailed to my residence by Dr. Robert H. Frankenfeld's office in early December 1994.

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5. In addition my granddaughter, then ReShea Plunkett and myself were present at 730 W. Columbia, Long Beach, California during the night of May 30, 1988 telephone call and conversation which involved my son, Elehue K. Freemon, my wife Mrs. Lucille K. Freemon, and an operator apparently asking my wife to see if my son needed help.

Mr. Elehue Freemon

STATE OF CALIFORNIA)

: ss.:

COUNTY OF LOS ANGELES)

I, ELEHUE. FREEMON, being duly sworn deposes and says:

I hereby swear that the forgoing "Request for Participation" presented herewith under the provisions of the Federal Administrative Procedure Act CFR 1.225 (a), (b), (c) of CFR ch.1 and under the of Administrative Law Judge Miller to be true and correct to the best of my knowledge and belief.

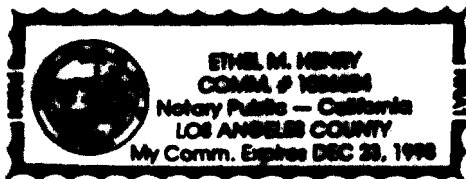
Elehue Freeman

MR. E LEHUE FREEMON

Sworn to before me this 15<sup>th</sup> day of March 1995

Ethel M. Henry

Notary Public Signature



Notary Seal

March 15, 1995  
Date

**Robert H. Frankenfeld, M.D., F.A.C.P.**

2840 LONG BEACH BOULEVARD, SUITE 210

LONG BEACH, CALIFORNIA 90806

TELEPHONE (213) 595-5454

INTERNAL MEDICINE

November 23, 1994

To Whom It May Concern:

Re: Lucille Freemon

The above patient is under my care for hypertension and Alzheimers.

She is disabled from going to Washington for a court appearance.

Sincerely,

  
Robert H. Frankenfeld, M.D.

RHF/eko

*10*  
*21*  
*21*  
*fr*  
**Randolph B. Skey, M.D.**  
*Diplomate in Neurology*  
*American Board of Psychiatry and Neurology*

701 E. 28th Street, Suite 319  
Long Beach, California 90806  
(213) 426-8636

*Neurological Medicine*  
*Neurodiagnostic Studies*

**Patient:** Lucille E. Freemon  
**Date:** August 6, 1991

**Chief Complaint:** Memory loss.

**HISTORY OF PRESENT ILLNESS**

This patient is a 66 year old female with a 5 year history of progressive loss of short term memory with a more apparent acceleration of symptoms over the last 2 years. According to the patient's daughter she has become increasingly forgetful, confused, at times she wanders and gets lost. There is no associated headaches, nausea, vomiting, dysarthria, dysphagia, diplopia, focal motor weakness, sensory loss, incoordination, loss of consciousness or seizures. There is no history of recent trauma.

**Allergies:** None.

**Medications:** None.

**Past Medical History:** Hypertension. Status post left cataract surgery.

**Personal History:** 2 pack per day smoking. No alcohol, drug or toxin exposure.

**Family History:** Patient's brother has history of hypertension.

**NEUROLOGICAL EXAMINATION**

**Mental Status:** Alert. She knows the month, year and place, and the name of the President. Memory: 0 out of 3 objects at 3 minutes. 3 out of 7 numbers forward. 0 out of 7 numbers in reverse. No left-right confusion. Mild anomia. Patient is unable to copy a cube or a spiral.

**Cranial Nerves:**

- I. Intact to tobacco.
- II. Visual fields intact by confrontation. Fundus benign.

✓

*Randolph B. Shey, M.D.*  
*Diplomate in Neurology*  
*American Board of Psychiatry and Neurology*

701 E. 28th Street, Suite 319  
Long Beach, California 90806  
(213) 426-3656

*Neurological Medicine*  
*Neurodiagnostic Studies*

August 29, 1991

Chester Svigals, M.D.  
2840 Long Beach Blvd #210  
Long Beach, Ca 90806

RE: Lucille Freemon

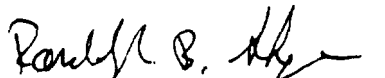
Dear Dr. Svigals:

Lucille Freemon was seen neurologically on August 6, 1991.  
Enclosed is a copy of the initial consultation.

A CT head scan was performed and this was normal. A EEG was normal. B12, VDRL and FTA were normal. Based on the above tests and her clinical presentation she is fairly typical for senile dementia of the Alzheimer's type. I do not think that any further testing needs to be performed. She has had some behavioral problems at home related to agitation and combative behavior and low dose Melleril 10mg BID has been started. This apparently has improved the situation. I have discussed these findings with the patient's daughter who initially brought her in regarding the patient's mental deterioration.

Please let me know if I can provide any further information regarding this matter.

Sincerely,

  
Randolph B. Shey, M.D.

RBS/mo

Lucille E. Freemon  
August 6, 1991

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- III, IV      Extraocular movements are full. No nystagmus.  
& VI.      Pupils 4 millimeters, equal, round and reactive to  
            light and accommodation.
- V.            Corneals 1+ bilaterally. Sensory/motor intact.
- VII.          No facial asymmetry.
- VIII.        Air greater than bone conduction. Weber midline.
- IX, X.        Gag intact. Uvula midline.
- XI.           Sternocleidomastoid and trapezius strength normal.
- XII.          Tongue midline. No atrophy or fasciculations.

Motor: 5/5 strength. Normal tone and bulk.

Sensory: Intact to pinprick, light touch, vibration and proprioception. Cortical testing intact.

Reflexes: 1+ and symmetric. Toes downgoing bilaterally. No clonus.

Coordination: Intact to finger-nose-finger, heel-to-shin and rapid alternating movements. No rebound.

Gait & Station: Romberg negative. Normal heel and toe walking. Normal tandem gait.

Vascular: No cranial, ocular or carotid bruits.

### IMPRESSION

66 year old female with history of progressive cognitive dysfunction predominantly with memory orientation and constructional apraxia. She has no other focal or lateralizing findings on her examination. There is a component of depression and this has been exacerbating her underlying condition. Differential diagnosis would include the following:

1. Senile dementia of the Alzheimer's type.
2. Pseudodementia associated with depression.
3. Intracranial structural abnormality such as tumor, subdural, hydrocephalus are unlikely given her otherwise normal examination other than the cognitive dysfunction.

Lucille E. Freemon  
August 6, 1991

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4. Toxic metabolic component also appears to be unlikely.

The diagnostic yield on doing an extensive work up in this particular type of patient is relatively low however it would be standard procedure to proceed with a MRI scan of the brain, EEG, and blood work to include B12, thyroid panel, liver function tests, calcium, RPR, FTA, Westergren sedimentation rate. If these tests are all negative then by exclusion the diagnosis of Alzheimer's Disease would be made. In the absence of a fever or a rapidly progressive deterioration over several weeks a spinal tap would be extremely low yield.

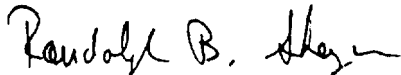
#### FINAL NEUROLOGIC DIAGNOSIS

Probable Alzheimer's senile dementia.

#### PLAN

1. MRI scan of the brain.
2. EEG.
3. B12, thyroid panel, RPR, FTA, Westergren sedimentation rate, liver function tests, calcium.
4. Further evaluation pending the results of the above. The patient may benefit from a trial of anti-depressant medication as far as reversing a component of pseudodementia related to her depression.

Sincerely,



Randolph B. Shey, M.D.

RBS/mo



Certificate of Service

I, Dr. Gisela Spieler, hereby certify that a true copy of the foregoing "Request for Participation, March 15, 1995" was served on the March 22, 1995 by U.S. mail, postage prepaid upon the parties listed below:

Thomas D. Wyatt  
Chief, Formal Complaints and Investigations Branch  
Common Carrier Bureau  
Federal Communications Commission  
1250 23rd Street, N.W. - Plaza Level  
Washington, D.C. 20554

Keith Nichols, Esq.  
Enforcement Division  
Common Carrier Bureau  
Federal Communications Commission  
Washington, D.C. 20554

Honorable Walter C. Miller  
Administrative Law Judge  
Federal Communications Commission  
Washington, D.C. 20554

Secretary of FCC \*  
FCC  
2025 M Street, N.W.  
Washington, D.C. 20554

Peter H. Jacoby  
295 N. Maple Ave., Room 3245 F3  
Baskin Ridge, N.J. 07920

Lucille K. Freemon  
730 W. Columbia  
Long Beach, C.A. 90806

Elehue K. Freemon  
General Delivery  
Big Bear, Lake, CA 92315  
(by hand)

\_\_\_\_\_  
Dr. Gisela Spieler